FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| | (Col. 1) | (C | ol. 2) | (C | ol. 3) | | | SMALL | ENT | | |
|-----------------------------------------------------|-----------|------|---------|-----|--------|---|------|-----------|-----|--------|------|
| | CLAIMS | | | | | | | | | | |
| | REMAINING | HIGH | EST NO. | | | | | | | | |
| | AFTER | PREV | IOUSLY | PRE | SENT | | | | | ADDIT. | |
| | AMENDMENT | PAI | D FOR | EX | TRA | | RATE | | | FEE | |
| TOTAL | 54 | | 54 | = | 0 | х | \$ | 25.00 | = | \$ | 0.00 |
| INDEP. | 5 | _ | 5 | _= | 0 | х | \$ | 100.00 | = | \$ | 0.00 |
| FIRST PRESENTATION OF MULTIPLE DEP. CLAIM + \$ 0.00 | | | | | | | | =_ | \$ | 0.00 | |
| | | | | | | | | TOTAL | | | |
| | | | | | | | ΑI | DDIT. FEE | | \$ | 0.00 |

No additional fee for claims is required.

FEE PAYMENT

5. Attached is a check in the sum of \$510.00.

A duplicate of this paper is attached.

FEE DEFICIENCY

6. If an additional extension and/or fee is required, charge Account No. 14-0740.

If an additional fee for claims is required, charge Account No. 14-0740.

Date: February 28, 2007

Harriet M. Strimpel, D. Phil. Registration No. 37,008
New England Biolabs, Inc. 240 County Road

Ipswich, MA 01938

978-380-7373

Customer No. 28986

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| | (Col. 1) | (C | ol. 2) | (C | ol. 3) | | | SMALL | ENTITY | | |
|-----------------------------------------------------|-----------|------------|---------|---------|--------|------|----|----------|--------|------|------|
| | CLAIMS | | | | | | | | | | |
| | REMAINING | | EST NO. | | | | | | | | |
| | AFTER | PREVIOUSLY | | PRESENT | | | | | ADDIT. | | |
| | AMENDMENT | PAI | D FOR | EXTRA | | RATE | | | | FEE | |
| TOTAL | 54 | | 54 | = | 0 | х | \$ | 25.00 | = | \$ | 0.00 |
| INDEP. | 5 | | 5 | = | 0 | х | \$ | 100.00 | = | \$ | 0.00 |
| FIRST PRESENTATION OF MULTIPLE DEP. CLAIM + \$ 0.00 | | | | | | | | = | \$ | 0.00 | |
| | | | | | | | | TOTAL | | | |
| | | | | | | | ΑI | DIT. FEE | | \$ | 0.00 |

No additional fee for claims is required.

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